

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

16 593066

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		4				
6		5				
7		6				
8		6				
9		6				
10		6				
11		6				
12		6				
13		6				
14		6				
15		6				
16	1					
17	(1)					
18	(1)					
19	(1)					
20	(1)					
21	(1)					
22	(1)					
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25	(1)					
26	(1)					
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49						
50						
TOTAL IND.	2		↓		↓	↓
TOTAL DEP.	28	←	←	←	←	←
TOTAL CLAIMS	30					

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.		←	←	←	←	←
TOTAL CLAIMS						